CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONO COVER PAGE

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GITY OF BALDWIN PARK

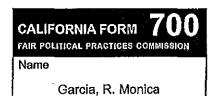
CITY CLERK'S DEPARTMENT

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FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Please type or print in ink. NAME OF FILER (LAST) (FIR\$T) (MIDDLE) Garcia Raquel Monica 1. Office, Agency, or Court Agency Name City of Baldwin Park Division, Board, Department, District, if applicable Your Position City Council Council Member ▶ If filing for multiple positions, list below or on an attachment. Agency: Independent Cities Association Position: Representative 2. Jurisdiction of Office (Check at least one box) Slate ☐ Judge (Statewide Jurisdiction) ☐ Multi-County _ County of ____ City of Baldwin Park 3. Type of Statement (Check at least one box) Annigal: The period covered is January 1998 through December 31- Leaving Office: Date Left _ 2010. (Check one) O The period covered is January 1, 2010, through the date of ______, through December 31, The period covered is _ leaving office. 2010. O The period covered is _____/___, through the date of leaving office. Candidate: Election Year Office sought, if different than Part 1: ___ 4. Schedule Summary Check applicable schedules or "None." ➤ Total number of pages including this cover page: _ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gilis - Travel Payments - schedule allached -or-None - No reportable interests on any schedule I certify under penalty of perjury under the laws of the State of California ti 04/04/11 Date Signed ____ Signa (month, day, year)

SCHEDULE D Income - Gifts



► NAME OF SOURCE	E		► NAME (OF SOURCE	Ē		
Waste Manag	gement		- 11				
ADDRESS (Business Address Acceptable)				ADDRESS (Business Address Acceptable)			
13940 E. Live	Oak Ave., Bal	ldwin Park 91706	. 11				
BUSINESS ACTIVITY, IF ANY, OF SOURCE				BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Waste Hauler	•		_				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (n	nm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
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Comments:				·			